(b) if so, the details thereof and the effective steps being taken to improve health services and making doctors and nurses available in rural areas; and

(c) the target set for expenditure on rural health services during Eleventh five Year Plan?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) Primary Health Care Services in rural areas are provided through a network of a three tier infrastructure system of Sub Centre, Primary Health Centre and Community Health Centre. As on March 2006, Rural Health Care Services are provided through the network of 144988 sub-centres, 22669 PHCs and 3910 CHCs in the country. There are 149695 Multipurpose Worker [Female]/ANM at Sub Centres & PHCs, 65511, Health Worker [Male]/MPW [M] at Sub Centres, 17107 Health Assistants [Female]/LHV at PHCs, 18223 Health Assistants [Male] at PHCs, 22273 Doctors at PHCs, 18419 Pharmacists at PHCs and CHCs, 12351 Lab Technicians at PHCs and CHCs, 29493 Nurse Midwife at PHC & CHCs, 3979 Specialists [Surgeons, OB&GY, Physicians and Pediatricians] at Community Health Centres, and 1782 Radiographers at CHC, as on 31st March, 2006. The National Rural Health Mission [NRHM] envisages support to PHCs by provision of one doctor including AYUSH practitioner and 3 staff nurse to make PHCs 24 x 7 functional. NRHM also envisages support for upgradation, drugs equipment and manpower on contractual basis. United funds of Rs. 10000/- and Annual Maintenance Grant of Rs. 10000/- is given to SCs for local requirements. United funds of Rs. 25000/-, Maintenance grant of Rs. 50,000/- and grant of Rs. One lakh to Rogi Kalyan Samiti of PHC is given to every PHC under NRHM. State/UT Governments have to incorporate the requirements of funds for PHCs in their Annual Programme Implementation Plans [PIPs]. Moreover, State Governments have taken various initiatives to ensure service of doctors in rural areas such as first posting in rural/difficult areas, walk in interviews, contractual appointment, provision of rural area allowance, kind and cash incentive to serve in difficult areas, offering choice of posting after rural/difficult area tenure etc. Under NRHM, State/UTs have appointed 6807 doctors/specialists, 36312 ANM/ Staff Nurses and have made 9395 PHCs 24x7 functional upto October, 2007.

(c) As per the information received from Planning Commission, the tentative outlay for 11th Five Year Plan [2007-2012] is Rs. 136147.00 Crores for Health Sector including NRHM.

Save the girl child

2037. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is formulating any scheme to save girl child in the country;

(b) if so, the details worked out, so far;

(c) whether Government is reaching out to the rural population;

(d) if so, the details thereof and the present status in rural areas in Andhra Pradesh, district-wise; and

(e) what is the role of panchayats in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (e) In order to check female foeticide, the 'Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994' was enacted w.e.f. 1.1.1996. The Act and

the Rules framed thereunder were amended to address the difficulties encountered in the implementation of the Act and to counter the misuse of the techniques developed to select the sex of the child before conception. While the amended Act was published in the Official Gazette on 20.1.2003, the amended Rules came into effect from 14.2.2003. The objective of these amendments is to ban the use of sex-selection techniques before or after conception as well as misuse of pre-natal diagnostic techniques for sex selective abortions and to regulate such techniques.

The State/UT level Supervisory Boards on the line of the Central Supervisory Board at the Centre have been introduced for monitoring and reviewing the implementation of the Act in States/UTs. The State/UT level Appropriate Authorities have been made a multimember body for better implementation and monitoring of the Act in the States. Provision has been made for creation of similar Appropriate Authorities at the District Level for implementation of the Act. More stringent punishments are prescribed under the Act so as to serve as a deterrent for minimizing violations of the Act. Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

Incidentally, the Union Ministry of Women & Child Development have informed that they have included in the Annual Plan for 2007-2008 a scheme for the survival and development of the girl child, *viz.* 'Conditional Cash Transfer for girl child with Insurance Cover' for the purposes of giving financial incentives to the family of the girl child, based on fulfilment of the following four conditions:

(1) Birth and registration of the girl child.

(2) Immunization.

(3) Retention in school.

(4) Delaying marriage beyond 18 years of age.

One of the agencies for implementing the Scheme is the Panchayat.

Unrecognised Medical Colleges

†2038. SHRI SATYAVRAT CHATURVEDI:
SHRI MOTILAL VORA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of the medical colleges and their respective States in the country which are not recognized by the Medical Council of India;

(b) the reasons for not providing recognition to these medical colleges; and

(c) the number of States where medical colleges were denied recognition during the year 2006-07?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) The permission to establish a medical college and to admit students is

†Original notice of the question was received in Hindi.